REMARKS

Claims 1-7 and 9-20 are pending in the application. Of these, claims 1-7, 9-16 and 17-19 are withdrawn from consideration. Claim 8 was previously canceled in the Preliminary Amendment filed October 17, 2005.

Claim 17 is amended herein to add the recitation of "determining the existence of said antibody". Support for the amendment is found, for example, at page 3, lines 18-21 of the specification as discussed below.

I. Response to Claim Rejection Under 35 U.S.C. § 112

On page 2 of the Action, claim 17 is rejected under 35 U.S.C. § 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention. The Examiner states that claim 17 does not state how the diagnosis is made, such as by comparing the measured amount of anti-cardiac troponin I autoantibody to that of a control population in order to make the diagnosis.

Applicants respectfully submit that there are many diagnosis methods wherein an increase or decrease in amount of some factors is compared as an index between normal person and patients. However, it is not necessary to compare patients of dilated cardiomyopathy in the claims of the present application with a normal person, since dilated cardiomyopathy can be diagnosed when anti-cardiac troponin I autoantibody exist. It is clear from the description of the specification. For example, in the paragraph bridging pages 2-3 of the present application, it is described that "BALB/c PD-1-deficient mice develop dilated cardiomyopathy". Additionally at page 3, lines 18-21 of the present application, it is described that "anti-cardiac troponin I autoantibodies existed in serum of PD-1-deficient mouse, and [the applicants] identified that

autoantibodies against cardiac troponin I were the onset factor of dilated cardiomyopathy. In normal people, anticardiac troponin I autoantibodies do not exist, while in the pathology of dilated cardiomyopathy, autoantibodies are produced. Further, it is described that "binding of anti-cardiac troponin I autontibody to cardiac troponin I resulted in compromising cardiac function" at page 3, lines 26-27 of the specification. Furthermore in the *International Journal of Cardiology*, 2007, 117, 198-203 attached hereto, it is described that anti-cardiac troponin I autoantibodies which do not exist in normal people were found in patients of dilated cardiomyopathy. See Abstract on page 198 and Fig. 1 at page 201, etc., of the attached reference.

As described above, when the amount of anti-cardiac troponin I autoantibodies are detected and the autoantibodies exist, dilated cardiomyopathy can be diagnosed. Thus, claim 17 is amended herein to recite "determining the existence of said antibody". Accordingly, Applicants respectfully request withdrawal of the rejection.

II. Allowable Subject Matter

On page 3 of the Action, claim 17 is indicated to be allowable if rewritten or amended to overcome the rejection under 35 U.S.C. § 112, second paragraph, previously mentioned.

Also on page 3 of the Action, claim 20 is indicated to be allowable in its current form.

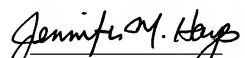
Claim 17 is amended herein as mentioned above. Thus, claims 17 and 20 are believed to be in condition for allowance. Applicants thank the Examiner for the early indication of allowable subject matter.

III. Conclusion

In view of the above, reconsideration and allowance of this application are now believed to be in order, and such actions are hereby solicited. If any points remain in issue which the Examiner feels may be best resolved through a personal or telephone interview, the Examiner is kindly requested to contact the undersigned at the telephone number listed below.

The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.

Respectfully submitted,



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